## REQUEST FOR ESTABLISHMENT OF AN EWP DRAWING ACCOUNT

Project Number Assigned: \_\_\_\_\_

| State: Date of Request:                    |                      | Date of Event:                            |   |  |  |  |
|--|----------------------|---|---|--|--|--|
| Contact E-mail:                            |                      | Contact FAX #:                            |   |  |  |  |
| Name of Event:                             |                      | Type of Event:                            |   |  |  |  |
| Location (County, Paris                    | h, Other) of Impairn | nent:                                     | Cong Dist:  |  |  |  |
| Description of Damages                     | :                    |   | Est. of Damages:  |  |  |  |
| Number of Sites Investig                   | gated:               | Number of DSR's Prepared:                 |   |  |  |  |
| Type of Work Planned &                     | & No. of Each Type   | :   |   |  |  |  |
|  |                      |   |   |  |  |  |
| Number of Sites to be Repaired <u>1</u> /: |                      | Total Construction Cost for all Sites: \$ |   |  |  |  |
| Total Financial Assistan                   | ce Needed:           | Total Technical Assistance Needed:        |   |  |  |  |
| Number of Persons Imp                      | acted:               | Number of Buildings Impacted:             |   |  |  |  |
| Number of Utilities Nee                    | ding Protection:     | Number of Roads Needing Protection:       |   |  |  |  |
| sponsors' willingness to \$ TA t           | contribute the requi | ired costs shar                           | Il eligible needs, and certifies the e. I request \$ FA and ork during the remainder of this fiscal |  |  |  |
| year.  State                               | Conservationist      |   | <br>Date  |  |  |  |